

**THE COMPREHENSIVE PROGRAM
FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION**

TITLE PAGE

Check one: Preliminary Proposal _____ Final Proposal _____

This Application should be sent to:

No. 84.116A

U.S. Department of Education

Application Control Center

Room 3633

Washington, D.C. 20202-4725

1. Application Number

2. D-U-N-S Number

3. Project Director (Name and Complete Mailing Address)

4. Institutional Information

Highest Degree Awarded:

_____ Two-year

_____ Four-year

_____ Graduate

_____ Doctorate

_____ Non-degree granting

_____ Other

Type:

_____ Public

_____ Private

Telephone: _____

Fax: _____

e-mail: _____

5. Federal Funds Requested:

6. Duration of Project:

1st Year only

2nd Year (if applicable)

3rd Year (if applicable)

Total Amount:

Starting Date

Ending Date

Total No. of Months

7. Proposal Title

8. Brief Abstract of Proposal: (*DO NOT LEAVE THIS BLANK*)

9. Legal Applicant (Name & Complete Mailing Address)

10. Population Directly Benefiting from the Project

Congressional District(s) of the Applicant Institution

11. Certification by Authorizing Official

The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct, that the filing of the application has been duly authorized by the governing body of the applicant, and that the applicant will comply with the attached assurances if assistance is approved.

Print Name

Title

Phone

Signature

Date